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CONFIRMATION NO. 2724

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|---|---|------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/553,071  | <b>FILING OR 371(c) DATE</b><br>10/13/2005<br><b>RULE</b>   | <b>CLASS</b><br>623                | <b>GROUP ART UNIT</b><br>3709   | <b>ATTORNEY DOCKET NO.</b><br>BE-165PCT |                                |
| <b>APPLICANTS</b><br>Thomas Siebel, Saarbrucken, GERMANY;   |   |                                    |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/03701 04/07/2004 <i>gs</i>   |   |                                    |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103177663 04/15/2003 <i>gs</i>  |   |                                    |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 06/24/2006   |   |                                    |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>James H. [Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>10               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>40570   |   |                                    |   |   |                                |
| <b>TITLE</b><br>Hip prosthesis  |   |                                    |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>450   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |